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APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

BUILDING	AND	SAFETY	DIVISIO	٥N

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			Commence Commence		2322	idae 1 (1) 18° (1)
				The section of the se		Sec. 8
	В	JILDING AN	D SAFETY DIV	SION		ia sini Sylvine
	FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)	• (BUILDING ADDRESS	5221	POLLY	AVE.
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	LOCALITY NEAREST	CAWNDA	ne st	· · · · · · · · · · · · · · · · · · ·
	ABSORPTION UNIT, BTU	41.6° 1.36	CROSS ST.	DENILL	1 101	n
	AIR HANDLING UNIT, CFM		MAIL ADDRESS	15221	Port 4	AUE?
	BOILER, BTU		CITY UN	WNORCE	TEL. NO.	6799361
	COMPRESSOR, BTU		CONTRACTOR	AH	1111	-
	VENTILATION SYSTEM		ADDRESS	UV.		
	EVAPORATIVE COOLER		CITY	· · · · · · · · · · · · · · · · · · ·	TEL. NO.	
/	FURNACE: FAU GRAVITY FLOOR BTU	10-	STATE LICENSE NO.		С	C. LASS
	HEATER: SUSPENDEDUNIT		DISTRICT N	GROUP	ZONE	PROCESSED BY
			7	RS	RI	Manliele
				INSPECTIO	N RECORD	1/
	<u> </u>					
Plan	check fee 25% of above.			<u> </u>		
	PERMIT ISSUING FEE \$	7-				
	TOTAL FEE	17				<u> </u>
PLAN	CHECK APPLICANT		•			
NAME						
ADDR	ESS					
CITY	TEL. NO.					DON
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.					000	MAC
I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.			ROUGH .	VALS D	D VOIS	PLCTOR YS GNATURE
SIGNA OF PE	RMITTEE SUMMO OF	7	FINAL			
PLAN	CHECK VALIDATION CK. N	M.O. CASH	PERMIT VA	LIDATION '	(CK.)	A.O. CASH

WORKER'S COMPENSATION CERTIFICATION

leastify that I will be responsible for the work to be done under this permit and that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

Author certify that if during the course of construction under this permit is seed become subject to Worker's Compensation requirements, will like the required certificate of Insurance and realize that failure to so will necessitate suspension of the permit. I have received an action of the Innix and conditions of this certificate and have read and fully understand them.

Signature Title Date